

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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9						
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11						
12	1					
13		1				
14		1				
15		1				
16	1					
17		1				
18		1				
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22	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	11					
TOTAL CLAIMS	14					
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